

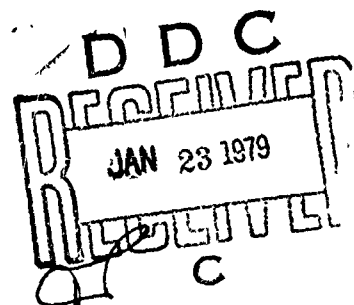
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THE VIETNAM POW VETERAN: IMMEDIATE AND LONG-TERM EFFECTS OF CAPTIVITY

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EDNA J. HUNTER, Ph.D.

INTRODUCTION

The former prisoner of war who escaped or was released by his captors is also a Vietnam veteran—with war experiences very different from the typical veteran from Southeast Asia. The prisoner of war's battle was not only a fight for daily survival, but also a fight against psychological coercion, physical torture, boredom, humiliation, feelings of helplessness, and oftentimes extreme mental depression. Different also was his hero reception by the American public upon return and the care and attention he received in the years following return. It would not be unexpected that the process of reintegration back into family, job, and society would also vary from that which the ordinary Vietnam veteran experienced.

In past years, particularly since the end of World War II, organized attempts have been made by researchers to document the immediate and long-term effects of the prisoner of war (POW) experience. Each captivity experience, we must remember, is clearly unique in terms of the nature of the captive, captor culture, length and conditions of internment, attitudes toward the war, and many other factors. Nonetheless, the environment of POW captivity typically combines a potent blend of physical hardship and privation, as well as enormous psychological stress and trauma, and there appears to be a consistency with which captivity effects appear across time and across widely divergent settings and populations of POWs.

Moreover, the physical and emotional trauma of captivity are likely to leave a residue of psychic scar tissue that never altogether heals (Segal, Hunter & Segal, 1976). It would not be unexpected that the

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physical stresses of the South Vietnam POW experience and the overwhelming psychological stresses of the North Vietnam experience would be reflected in differential residual symptomatology manifested by the men both at the time of release and over time. Moreover, the latency and degree of incarceration effects could be expected to be tempered by the time of capture and the duration of captivity.

Two years prior to the POWs' release, Arthur (1971) pointed out that follow-up studies of concentration camp victims and American prisoners of war of the Japanese, North Koreans and North Vietnamese indicate that permanent psychic and psychophysiological damage can occur to adult human beings if they are subjected to prolonged malignant and cataclysmic stress. Segal has also emphasized that the cumulative weight of findings from existing follow-up studies leads to the conclusion that the extraordinary stresses of incarceration are related to a heightened vulnerability to physical and psychological health problems over the long term (Segal, 1974).

Such heightened vulnerability can perhaps explain the delay, sometimes as long as five to ten years, in appearance of symptoms in POW populations that seemed remarkably free of pathology immediately upon release from captivity. Thus, we must concur with Nefzger's (1970) position that long-term studies of prisoners of war are justified, if for no other reason than to answer administrative questions that can be answered only by observation.

It was recognized by the Department of Defense that the return of the American POWs from Southeast Asia in 1973 presented a unique opportunity for a long-range investigation of POWs and their families. Among other things, a comprehensive study would provide an understanding of the full impact of the POW experience, not only upon the man's physical, psychological, and social adjustment following return, but also upon his family members, during and after separation. Finally, it was recognized that such a study would show how men and families cope with stress and crises, and determine characteristics of those individuals and families who seem to be able to successfully cope during and after incarceration, regardless of degree of stress or adversity.

Prior to the return of the POWs from Southeast Asia, the Army, Navy, and Marine Corps cooperated to set up such a research effort. Thus, in April 1972, the Center for Prisoner of War Studies was established in San Diego, California. Its multidisciplinary professional staff is now in the fourth year of a comprehensive longitudinal study of the residuals of captivity and family separation for the 241 Army, Navy,

and Marine Corps prisoners returned in 1973. In addition, comparison subjects were carefully matched with the 138 Navy returned POWs and their families. Both groups will be followed year by year in order to determine, among other things, precisely what psychosocial variables appear to be linked to captivity-related stress. Efforts are currently underway to select comparison groups for the Army and Marine POWs. This chapter describes specifically the experience of the American POWs held for varying periods of time in Southeast Asia from 1964 through early 1973. It also examines how both they and their families coped with captivity and separation and their initial adjustment to reunion.

The number of POWs returned from the war in Southeast Asia (766) was very small indeed when compared with the numbers held captive in Korea (7,140) or during World War II (130,201). The men returned from Southeast Asia (as of 31 December, 1976) were a highly select group compared with the POWs of earlier conflicts. The majority were officers, and as a group they were older and more highly educated.

Of those men captured in the North, all but one were air crew members. Five hundred ninety-one Americans, including 25 civilians, were repatriated in early Spring, 1973. An additional 84 men, held prisoner anywhere from 36 hours to five and one-half years, escaped or were released prior to 1973. The military group who returned in 1973 included 325 Air Force, 77 Army, 26 Marine Corps, and 138 Navy POWs.

The first American shot down over North Vietnam in August of 1964 was Lt. Everett Alvarez, USN, and he was the *sole* captive of the North Vietnamese for almost six months. Then, from February 1965 until November 1968, the prisoner of war population grew steadily, and with the increasing number of men taken, captor treatment worsened. Because of the bombing halt in 1968, no Americans were captured in North Vietnam from that time until the resumption of bombing in December 1971. *Those men captured prior to the bombing halt spent more time in captivity than any other Americans in history; they spent three years longer than any of the more recent shootdowns of 1971, 1972, and 1973 (Rowland, 1975a, b).*

THE CAPTIVE EXPERIENCE: TIME AND LOCATION

Throughout the Vietnam conflict, the prisoner of war situation was typically conceptualized as a unidimensional experience. With the return of the men in 1973, however, it became readily apparent that this was not true. Two important factors must be considered both in de-

scribing the captivity experience and in attempting to understand the physical and psychosocial residuals of the Vietnam POW experience: location of capture and time of capture. Men captured and detained in North Vietnam underwent an experience which was quite different from the experience of those captured in the South. A number of men were captured in the South but were later sent to the North.

Moreover, men captured prior to 1969 had a much more stressful experience than those who became POWs subsequent to October 1969—a point in time when the treatment of the prisoners took a definite turn for the better. The definitive explanation for this change is unknown, but it can probably be attributed to some combination of three factors: (a) the death of Ho Chi Minh in September 1969; (b) statements made about harsh prisoner treatment by two POWs released in August of 1969; and (c) the efforts on the part of the POW/MIA families to bring world attention to the plight of the men. Perhaps the Vietnamese had also come to realize that the POWs were important politically for post-war bargaining leverage.

Whatever the reasons, torture dropped off considerably, camp routine changed, and the POWs began receiving three meals a day—at least in camps in the North. It was not until 1970, however, that the North Vietnamese released a list of Americans detained by them. Only then did some of the families know for the first time that their husbands, sons, or fathers were actually alive. Thus, the families, like the men, experienced very different separation experiences, depending upon whether or not their men had been captured prior or subsequent to late 1969.

The POW experience in South Vietnam, as mentioned earlier, differed considerably from that in the North, and differed even for those men in the South from one area to another. Confinement facilities in the South, for example, normally consisted of bamboo cages elevated on stilts, in which the men were confined most of the time. This was in contrast to the more permanent prison structures in the North. In the South the POWs were sometimes chained to their cages or to trees, except when on work details, cleaning their cages, or washing clothes. Some men were kept in caves or bunkers. Conditions were primitive. Most of the camps were near the end of the supply lines. Thus, food and medical supplies were often short or nonexistent. The POWs in the South generally suffered less torture and brutality and fewer interrogations and indoctrinations than those captured in the North. However, the men in the South were faced literally with trying to survive

from day to day. Thus, while those held in the South suffered an experience marked by severe physical deprivation and concern for basic personal survival, those in the North reported an experience characterized by borderline food and living conditions and by physical torture, as well as psychological mistreatment for interrogation and propaganda purposes (Berg, 1974).

Coercion in Captivity

The odds for survival were much higher for men captured in the North. There, however, virtually all American POWs spent their first days of captivity in solitary confinement, and many spent much longer periods alone. Forty percent spent over six months in solitary; 20 percent from one to two years; 10 percent over two years; and *four POWs spent over four years in solitary confinement.*

In 1966, with the increased tempo of the war, the prisoner population increased dramatically, and treatment worsened. During these early years the Vietnamese appeared determined to exploit the American POWs for propaganda purposes. Demands were placed upon them for propaganda tapes, press interviews, and letters to their fellow pilots and congressmen denouncing America's participation in the war, actions which were contrary to the Military Code of Conduct.

In July of 1966, the prisoners were threatened with war crimes trials. Unable to obtain information through normal interrogation, the Vietnamese began a program which included the use of ropes, leg and wrist irons, and other methods of severe torture. The severely injured were denied medical treatment, and some men even had previous injuries aggravated in order to force submission. No prisoner of war withstood "the ropes" without complying in some fashion with the desires of the captor. For many of the POWs, the fact that they could be forced to cooperate with their captors against their will was quite unexpected and was a powerful source of intense and long-lasting feelings of depression and guilt. The POWs held in the North were not allowed to work as those in the South had to do in order to survive. Any outside exercise was rare, although men usually instituted their own program of physical exercise within their cells.

Systems of Resistance

The POW's existence was a lonely, monotonous and incredibly boring one, against which they fought with two powerful, covert weapons: a

POW military organization based upon seniority or rank, and a communication code to pass messages between walls.

While solitary confinement was the most psychologically devastating treatment, perhaps the most continuously morale boosting and most important aspect of captivity for survival was communication. Most returnees cite this ability to communicate, even when in solitary confinement, as the one thing that kept them going throughout their captivity (Deaton, Berg, Richlin & Litrownik, in press). They were not only able to communicate from room to room, but also from building to building, compound to compound, and from one end of the camp to the other. They passed current events brought in by new arrivals, policies of the senior officer, data on who was in camp, as well as movie plots, foreign language lessons, poems, prayers and biblical scriptures. Intrapersonal communication was another important factor. Some men reported that captivity gave them the opportunity to sort out and reorder their values and come to know themselves better.

Hence, despite the severe deprivation and stress of foreign incarceration, some benefits did accrue to some of the POWs (Rowland, 1975a, b).

THE CAPTIVE EXPERIENCE: PSYCHOSOCIAL CONSEQUENCES

Individual Coping Patterns

What factors determine who dies and who survives captivity? Certainly, climate, living conditions, work load, medical care, and captor treatment are some of the factors. Kushner (1974), a prisoner himself in South Vietnam, reduced the remaining variables in survival to the individual mental states of the prisoners, their individual reactions to stress, and the individual training and constitutions.

According to Kushner, the survivors tended to be those who kept active, kept clean, maintained a sense of humor, worked hard, and in general coped with their environment. Those who did not survive, on the other hand, refused or resisted the captive environment. These men drowned themselves in self-pity, refused to contribute to camp life, usually were depressed, withdrawn, helpless, and had to be forced to work and bathe. Thus, the POWs who survived long-term captivity could be classed as a highly "select" group. They would be expected to possess stronger basic personalities with fewer post-return adjustment problems, all other factors being equal, than war veterans in general.

The Effects of Solitary Confinement

As noted earlier, extended periods of solitary confinement were a unique aspect of the Vietnam POW experience. Social isolation has been rated by the POWs themselves (Vohden, 1974) as one of the three most important sources of stress in captivity. The stress engendered by solitary confinement was exceeded only by the amount of stress produced by the event of capture itself and the stress which resulted from physical torture during captivity. Various studies have found that solitary confinement was associated with significantly more abnormal psychiatric ratings for presence of feelings of guilt and ambivalence (Hunter, 1976b). At the time of their release from captivity, those men who had been subjected to prolonged periods of solitary confinement were more likely to show lower suggestibility, higher superego development, and higher need for achievement. Physiologically, the men who had spent extensive time in solitary also tended to appear older than their chronological ages according to reports made by the examining physicians.

Personal Values and Captivity

Do basic values shift during captivity? One study of POWs' values found that the majority of the POWs "perceived" that their value system had changed significantly as a result of the captivity experience (Rutledge, Hunter, & Dahl, in press). Actual data from that study, however, indicated that perhaps rather than an overall shift in one direction or another, there may have been substantial reordering of the importance of certain values. The POWs differed significantly from their matched controls on only the one value, power, with the POWs scoring lower. Also, for those men who had experienced prolonged solitary confinement, scores on the value of wealth were significantly lower.

Many of the wives of the POWs reported to researchers from the Center for POW Studies that their greatest surprise at homecoming was how little their husband's basic personalities had actually changed during the long, stressful years of captivity.*

When the men returned, the wives expected much change and found little. The husbands, on the other hand, expected little change in their

* As noted elsewhere in this volume, however, value shifts may not appear—like stress symptoms—until years later.

wives and families, and found much. It is little wonder that a substantial part of the post-repatriation reintegration adjustment was staged within the family arena.

Resistance Posture and the POW

Considerable attention has been focused on the relationship between the POW's resistance posture in captivity and the POW's ability to survive incarceration (Hunter, Plag, Phelan, & Mowery, 1976; Hunter & Phelan, in press; Naughton, 1975; Segal, 1957). Relating resistance posture to the time spent in captivity, age, and amount of solitary confinement, Hunter and colleagues found that men held captive longest were more likely to avoid actions which might be used by the captor for propaganda purposes and were less inclined to bargain with the captor; older men tended to report firmer resistance postures; men with longer periods of solitary confinement were more reluctant to bargain with the captor; and harsh captor treatment was significantly related to the firmer resistance posture (Hunter *et al.*, 1976). Thus, it is apparent that the manner in which the POW relates to the captor is associated with the treatment received, and, consequently, to his odds for survival and post-release adjustment.

SEPARATION EFFECTS ON THE FAMILY

It would be surprising indeed if the years the POW spent in solitude and privation did not reverberate in the world to which he returns. Since the manner in which families coped with the major part of the separation period appears to be related to their adjustment to reunion, let us begin our discussion of family adjustment with the crisis of casualty.

Patterns of Reaction to Notice of Capture

One of the fascinating early observations of the Center's staff was the recognition of the similarity between the captured husband and his waiting wife in terms of their experiences and feelings in adjusting to their dissimilar situations following casualty (Berg, 1974). Typically, the POW described the process of adjustment to capture as a cycle which began with psychological shock and numbing, followed by a period of several days or weeks of hyper-alertness and intense interest in even the most trivial details of the prison environment and his captors. Then en-

sued a period of weeks, months, or even years of mental depression, which finally culminated in a conscious decision to survive, to make the best of things, to become active again—a process which parallels the normal process of grieving (Kubler-Ross, 1969), which it indeed was. The man grieved over the loss of his freedom; the wife grieved over the loss of her husband.

Analogous to the man's process of adjusting to his capture, initially the wife too was psychologically numbed by the news of her husband's casualty. As the shock wore away, she put forth an intense effort to learn everything possible about the circumstances of his capture, whether he had been injured, or if he were still alive. When all sources of information were exhausted, the wife also entered a depressed phase, just as the POW had done. However, the wife did not lose her freedom as her husband had; in contrast, she suddenly found herself with both freedom and new responsibilities she had never before known. Moreover, over time, she learned to cope admirably with that newfound independence, and as the months and years passed, she became more and more reluctant to relinquish it (McCubbin, Hunter, & Dahl, 1975). Personal indepth interviews by the Center's staff in 1972, prior to the men's release, indicated this depressed stage for the wife usually ended sometime between the second or third year following casualty. At that point in time, she typically made a conscious decision that, in order to cope with the marital limbo she was in, she had to quit "marking" time in place and get on with living." She then perhaps became very active in POW/MIA organizations, returned to school, or went to work. She sometimes moved off the military post where she had waited during the initial months or years and purchased a home in the civilian community and perhaps began dating.

Coping with the captivity of her husband, to some extent, meant closing out his role within the family system. She might adopt other coping styles, however. Just as Deaton and colleagues (Deaton, Berg, Richlin & Litrownik, in press) studied the various mechanisms the men used in coping with captivity, McCubbin and associates found a variety of coping patterns—some functional and others dysfunctional—which wives utilized in dealing with family separation. These patterns appeared to be related to the wife's background, perceived quality of marriage, husband's background, his motive for going to Southeast Asia, the stresses experienced by the wife during separation, and the family's preparation for separation (McCubbin, Dahl, Lester, Benson & Robertson, 1976).

The marital relationship of the repatriated captive is clearly vulnerable to the stresses of separation. McCubbin, Hunter and Dahl (1975) have highlighted adjustment problems which were found among families of Vietnam POWs. After prolonged absences, many of the wives experienced extreme ambivalence and guilt immediately prior to their husbands' return. Family reunions were indeed stressful.

Recent studies by the Center for POW studies, like Hill's (1949) classic WWII study, have shown that maintenance of the father's role in the family unit during separation was an important factor in the reintegration process (McCubbin, Dahl, Lester, & Ross, 1975). Three other variables which McCubbin and associates found uniquely related to family reintegration were (a) the wife's assessment of the marriage before casualty, (b) the degree of wife's emotional dysfunction during separation, and (c) the length of the marriage at the time of the POW's casualty. In other words, the better the wife's satisfaction with the marriage and the longer the marriage at the time of casualty, and the fewer emotional problems the wife experienced during the separation period, the more likely the family would remain intact after the POW's return.

Children, too, had to cope with the captivity of their fathers, and their success in doing so reflected, to a large degree, their mother's ability to cope successfully with this stressful family crisis. Two or three years following father's release, however, the Center's studies suggest that father-absence continued to have a profound and generally negative effect upon these children when compared to general population norms—effects apparently not offset by father's return (Dahl, McCubbin, Lester, & Hynds, 1976). Until these POW/MIA children are contrasted with a matched group, however, we do not know if they really differ from any other comparable group of military children.

POST-CAPTIVITY ADJUSTMENT

An Overview

Following an unpopular war, the POW released from Southeast Asia returned to country, family, and career. While still in captivity, the POW, his mind sometimes clouded by captor recriminations and maltreatment, frequently weighed the possibility that he would return to the United States in total disgrace. What were some of his other thoughts and feelings? His family would be waiting, of course, but there would be no future career in the military, no more flying the

TABLE 1

Common Diagnoses Established at Operation Homecoming
for Army, Navy and Marine Corps POWs*

Diagnosis	Army (N = 77)	PERCENT Navy (N = 138)	Marine Corps (N = 26)
Helminthiasis	77	88	96
Refractive Errors	29	52	58
Hearing Impairment	40	48	46
Peripheral Nerve Injury	39	46	31
Malaria	34	< 5	12
Dermatophytosis	39	25	19
Nutritional Deficiencies	55	11	15
Amoebiasis	22	38	27
Spondylitis Osteoarthritis	9	28	23
Trauma to Skeletal System:			
Fractured Vertebrae	18	26	15
Deranged Knee	< 5	16	< 5
Deranged Shoulder	< 5	9	12
Fractured Radius & Ulna	< 5	7	< 5

* Data from Spaulding, R. C. "Diagnostic trends in Navy RPWs: Homecoming diagnoses compared with summary data from the first and second year follow-up examinations." Paper presented at the 3rd Annual Joint Meeting Concerning POW/MIA Matters, San Diego, Ca., Nov. 1975. In Spaulding, R. C. (Ed.), 1976, p. 13.

planes he loved to fly. Unexpectedly, the POW came back to a well-planned homecoming with all the hoopla of a hero's welcome; he was perhaps the *only* hero of the Vietnam conflict. He not only had a career, but he was also given every advantage to pursue it—a choice of assignments, a return to school for a higher degree, back into a cockpit for the majority who were qualified, and, for some of the POWs, another promotion and perhaps a coveted command.

Filling the role of hero was not without an added portion of guilt and doubt. The POW, his self-esteem bruised by captivity, suffered from depression-produced feelings as he often ruminated about the past and all the other men who did not return. Perhaps those making the decisions in Washington were not fully aware of his behavior while in captivity. Could he really handle a command after being in a time

capsule for so many years as the world sped on without him? Perhaps he should continue his education rather than taking a command. In spite of personal and family commitments he felt obligated to tell about his experience to anyone who might request a personal appearance—Boy Scouts, church, civic groups, etc.—even if it meant further separations from his family. He slipped quickly from sensory deprivation to sensory overload.

There is no doubt that captor treatment received as a POW had at times made him feel something less than human, with a concomitant lowering of self-esteem. However, his comments upon return indicated that he believed he had learned what is important in life, citing, for example, family, friends, education, and learning to play a musical instrument. One tends to denigrate such things as power and wealth when they are beyond one's reach. And then the POW returned; he could now achieve all those prisoner-of-war dreams; he again had the power to make decisions and to control his own life. But can he? He has already achieved the one goal in life he has had for many years—freedom. Unless he finds another worthwhile goal quickly, life may become meaningless, especially if freedom is not quite as sweet as he had so long fantasized it would be. Undoubtedly, the physical and psychological residuals the POW brings back with him, coupled with the psychosocial events he meets upon his return, combine, at least in part, to determine the course of his future adjustment. It should be noted that for almost a third of the married returnees there were, in fact, no families waiting when they arrived home.

The Homecoming

Physical problems. First let us examine the physical illnesses and injuries diagnosed in the group of 241 Army, Navy, and Marine Corps returned POWs at the time of Homecoming (see Table 1, Spaulding, 1976). It should be noted that the 138 Navy POWs and 10 of the Marine Corps officer-aviators spent their entire captivity in North Vietnam. All 77 Army men and the remaining 16 Marine Corps POWs were captured in South Vietnam. Eventually the majority of this second group were moved into the Northern camps, but 20 percent spent their entire captivity in the South. The differential diagnoses made at homecoming for the three services reflect differences in location of capture, age, and education. The most common diagnosis at the time of homecoming for POWs held either in the North or the South was helminthiasis (worms). Prisoners held in the South had both more diagnoses,

and different types of diagnoses: e.g., malnutrition, malaria, transient situational reactions, and skin diseases (Berg & Richlin, in press).

The group held in the North was noteworthy for the types of injuries received. Many suffered injuries when their planes were shot down, and these injuries were usually orthopedic in nature. In contrast, injuries for the group held in the South were acquired either in fire fights or in the crash of a helicopter. In a captivity situation, even a minor injury can be life threatening because of the danger of infection. Injuries sustained at capture had their greatest influence during the first several weeks after capture. As time passed, however, the role of capture injuries in the POW's survival lessened. Peripheral nerve injury was also greater in the North due to the use of the "ropes" for coercion. When one considers the intense physical and psychological pressures applied, it is perhaps surprising the POWs held in the North did not show a higher degree of psychopathology. Berg and Richlin (in press) cite several factors which may have ameliorated the deleterious effects of maltreatment of those held by North Vietnam (e.g., well-organized leadership and communication, group support for those "broken" by the captor, and greater maturity).

Psychiatric problems. With regard to psychiatric evaluations at the time of homecoming, diagnoses of *neurosis* were given to five percent of the returning Army and Navy POWs and to 15 percent of the Marine Corps men. The more severe diagnosis of transient situational disturbance was received by five percent of the Navy POWs, 15 percent of the Marines, and 25 percent of the Army group. Whether the greater psychiatric symptomatology for the Army and Marine populations is a service-related difference or a location-of-captivity difference is still unclear. It should perhaps also be noted that two men committed suicide in the months shortly after return (one Marine and one Air Force POW). Subsequently, a Navy man was killed in a single-car automobile accident. Airframe accidents have also claimed the lives of two more POWs—one Air Force and one Navy POW.

Evaluations Two-Years Post-Captivity

Physical problems. Navy and Marine Corps POWs return annually to the Naval Aerospace Medical Institute and Laboratory at Pensacola, Florida, for medical follow-up examination; Army returnees go to Brooke Army Medical Center, San Antonio, Texas. Examinations include a searching interim history, a thorough physical examination, a complete battery of blood studies including serologies for malaria and

other Southeast Asia parasites, special x-rays, stress studies for heart disease, studies of lung functions, and studies of the organs of balance. The psychiatric portion of the study, in addition to the usual psychiatric interviews, includes extensive psychological testing. Special consultations include dental, ear, nose and throat, eye, hearing, and other specialties as indicated, e.g., orthopedic, surgery, dermatology, and urology, etc. For the second-year follow-up the Halstead-Reitan test for organic brain damage was added to the protocol, and certain blood chemistry, vestibular, and visual studies were deleted. Matched comparisons undergo the same examination and tests that the POWs receive (Spaulding, 1976).

Because analyses of the second-year Army medical follow-up data were incomplete at the time of this writing, we can only examine how Navy and Marine Corps POWs were faring two years subsequent to release. Generally, according to the examining physicians, the men were doing well physically, with most abnormalities occurring in the same areas as previously, except for parasites where the number of diagnoses had decreased considerably. Perhaps the major problems were the orthopedic problems: dislocations, fractures and injuries of the extremities, and injuries of the spine. However, at the two-year point in time, only one man had been retired because of the severity of his injuries. Past investigations of the prisoner of war experience have suggested there is a delayed onset of symptomatology for the survivor of captivity. Thus, we ask: Are the number of medical problems decreasing or increasing for these men over time? Based upon medical data available for 81 returned POWs for the first three examination periods (homecoming, 1974, and 1975), there had been a total of 241 diagnoses for the Navy and Marine POWs on whom data were available—an average of 2.78 diagnoses per man. Of these, 73 diagnoses were consistent for the first- and second-year follow-up examinations, but were *not* present at homecoming. A total of 128 diagnoses were established for the first time at the second-year follow-up; that is, they were *not* present at the two prior examination periods. Thus, in this group of Navy and Marine POWs, although many diagnoses present at homecoming were successfully treated, during the first two years subsequent to release from captivity, it would appear that *there has been a trend of increasing number of new physical symptoms* not evidenced immediately following return (Spaulding, 1976).

Psychiatric evaluations. Psychiatric diagnoses received two years subsequent to release, based upon 102 Navy and Marine Corps POWs are

TABLE 2

Psychiatric Diagnoses for Navy and Marine Corps
POWs Two Years Post-Return*
(N = 102)

Diagnosis	Percent
Marital Maladjustment	19
Obsessive-compulsive personality	17
Hysterical personality	10
Depressive Neurosis	10
Anxiety Neurosis	8
Alcoholism	8
Adjustment Reaction	8
Schizoid Personality	6
Schizophrenia	2

* Data from O'Connell, P. F. "Trends in psychological adjustment: Observations made during successive psychiatric follow-up interviews of returned Navy-Marine Corps POWs." Paper presented at the 3rd Annual Joint Meeting Concerning POW/MIA Matters, San Diego, Ca., Nov. 1975. In Spaulding, R. C. (Ed.), 1976, p. 16.

shown in Table 2 (O'Connell, 1976). Navy psychiatrists found that length of captivity was indeed a factor in whether or not the POW received a psychiatric diagnosis. The longer the captivity duration, the more likely the POW would receive a psychiatric diagnosis two years post-release. However, it was also apparent that those men who had predisposing factors in their past histories were four times more likely to receive a psychiatric diagnosis than those who did not (O'Connell, 1976). Most of the Navy returned POWs appeared to be doing quite well psychiatrically two years subsequent to return. Based upon psychiatric examinations, for those who were having problems most of the symptoms appeared related to the marital relationship. Pathology related etiologically to the marital relationships had increased from 28 to 38 percent from the previous year (1974). Next in importance to marriage were etiological events related to childhood and the captivity experience.

Diagnoses etiologically related to captivity factors, unlike those related to marriage, decreased during the previous year from 24 percent to 10 percent. It is noteworthy that there were significantly more psychiatric diagnoses two years post-return for those Navy POWs who had never married than for those who were either married or had married

and later divorced. Also of interest was the finding that those men who elected to return to school following repatriation were more likely to receive psychiatric diagnoses than those who went immediately to a full-time active duty assignment. In some instances, returning to school may have been a means of avoiding problems associated with or apprehensions about the ability to handle a duty assignment satisfactorily. Of those Navy POWs who showed definite psychiatric deterioration during the period from the first-year follow-up to the second-year follow-up examination, depression was the most common diagnostic picture, with a suggestion that an obsessive-compulsive personality pattern was a predisposing factor (O'Connell, 1976). Interestingly, those men who showed no change between the first- and second-year follow-up examinations received fewer psychiatric diagnoses than either the group that changed for the better or those men who changed for the worse.

THE POW FAMILY

Divorce. Almost 30 percent of the Army, Navy, and Marine Corps POWs who had been married prior to captivity were faced with marital dissolution within the first year after return. Many of these were marriages of short duration or problem marriages prior to casualty. Actually, the rate is not too different from divorce rates in general within the United States today. Typically, however, divorce rates within the military are lower than those for the general population; when compared with the divorce statistic for the matched comparison group, the POW rate was two to three times higher. At the point in time three years post-release, we looked to see how many in each group had experienced at least one marital dissolution since date of casualty. We found that 32.3 percent of the Army, 25.0 percent of the Marines, and 27.9 percent of the Navy POWs had experienced marital dissolution compared with only 11.1 percent of the comparison group for the Navy sample* for the same time period (Hunter, 1976a).

Family integration. As mentioned previously, maintenance of a husband/father role within the family was found to be an important factor for successful family reintegration following return (McCubbin *et al.*, 1975). We have also noted that, ironically, successful coping for the wife during the separation period required at least a partial "closing out" of the father's role through reassignment of his tasks to other fam-

* Matched comparison for the Marine Corps and Army POWs had not yet been selected at the time the analyses were made.

ily members. It was, then, predictable that major adjustments in family roles would have to occur in the initial weeks and months after repatriation in order for successful reintegration to take place.

Preliminary comparisons between the family role structure of Navy POW families and matched control families showed some interesting differences. Three years subsequent to return, the POW families, as a group, were significantly more "female-centered" or matriarchal than the more "traditional" control families. In other words, even though the POW father had returned to the family many months before, not all his previous roles had been reassumed by him. The wife of the POW was still performing some of the roles or family tasks that were more likely, in the group of comparison families, to be performed by the husband (Hunter, 1976a). Other between-group differences were apparent from these comparative studies. For example, the family of the POW was less independent and less cohesive, according to reports of the wife of the POW, when compared with the comparison families. The wives of the returned POWs also perceived their husbands' career adjustment as lower than did the wives of the matched controls in judging their husbands' job performance.

One final noteworthy finding should perhaps be mentioned here. It was found that the amount of solitary confinement the POW experienced during captivity was highly related to his perception of how well he was doing in his career three years subsequent to return. The longer the period of solitary, the lower the POW's perceived career adjustment (Hunter, 1976c). Before we put too much credence in this relationship, however, we must look further for objective measures of how well he is performing his job. Because these returned POWs, as a group, appeared to be trying to "make up for lost time" during the years immediately following release from captivity and because they tended to set extremely high expectations for themselves, they may have been performing more than adequately even though they perceived they should be doing better. Again, it would appear there may be more problems in the post-return period for either the POW who over-achieves or the one who becomes depressed and gives up than for the middle-of-the-roader who sets more realistic goals for himself.

Resistance posture in captivity and later adjustment. Differences between the POW and his wife regarding the performance of and agreement on family roles and tasks have been used in the Center's studies as measures of family reintegration (Hunter, 1976c); e.g., the greater the discrepancies between spouses as to who performed which roles, the

poorer the reintegration. Findings from these studies also indicated that the extremely firm resisters during captivity did not appear to be reintegrating within the family as quickly as those who had assumed more moderate resistance postures. However, there was no relationship found between either resistance posture or harsh captor treatment and the POWs' subsequent personal, marital, or career adjustment. The effects of those two captivity variables (resistance posture and harsh captor treatment) were reflected only in the area of father-child adjustment, where they were associated with higher disagreement between the parents regarding child discipline (Hunter, 1976c).

The POWs' children. Although the absence of the father in a military role poses difficult problems for any child, when the father is a POW in a long and unpopular war, there are additional burdens imposed by the situation. Mothers must cope not only with their own problems and feelings but also with those of their children. A recent study by Dahl and McCubbin (1976) of the personal and social adjustment of the children of returned prisoners from Vietnam revealed that the children were significantly below the norms on overall adjustment. However, we must caution that until these preliminary findings are compared with the data for the comparison group children, we will not know if the POW's children are really any different from any other group of military children. Preliminary between-group comparisons would indicate they may not be.

Father-child relations within the POW family have been shown to be highly related to the father's perceived abuse in captivity (McCubbin, 1976). In other words, the more stressful the captivity experience was viewed by the POW, the more difficult it appeared to be for him to re-establish close and satisfying father-child relationships after return. It was expected that POW father absence would show differential effects on children as a function of age and sex of a child. However, the Center's studies to date have been unable to establish any significant relationships between sex of child and age of child at the time of the father's casualty and satisfactory father-child relationships in the post-return period, although such relationships may yet become apparent in later phases of these longitudinal studies.

CONCLUSIONS

This chapter has presented a few of the preliminary findings of the longitudinal studies of the 241 Army, Navy, and Marine Corps prisoner of war veterans released from Southeast Asia in 1973. These studies are

being carried out at the Center for Prisoner of War Studies in San Diego, California, and have as their primary goal the achievement of a better understanding of the multidimensional impact of captivity upon the men and their families. Preliminary findings indicate that incarceration by a foreign power has both immediate and long-term effects which may become manifest only after a latency period of several months or years. Both the events of casualty and reunion have been shown to be stressful family crises. To quote one physician who has followed the POWs closely during the three years subsequent to their release from captivity: "It is now apparent that the process of recovery from the stress of shootdown, capture, captivity, and repatriation appears to *require*, among other things, recovery of self-esteem through reintegration with the group: the POW group, the military, the family, and society. . . . To the degree that there is failure, there will be . . . psychopathology. We are by nature 'beingwith' creatures" (O'Connell, 1976, pp. 21-22). Perhaps this statement explains the extremely deleterious effects of prolonged solitary confinement on the POW—effects which after three years echo throughout his relationships with himself, his family, and his fellow-workers. Although the Center's studies may at times appear to focus heavily on psychopathology, they can also afford new insights both into the manner whereby POWs are able to survive their ordeal and into the ways in which the ordeal of captivity served to strengthen them and build new resources—both for the men and their families.

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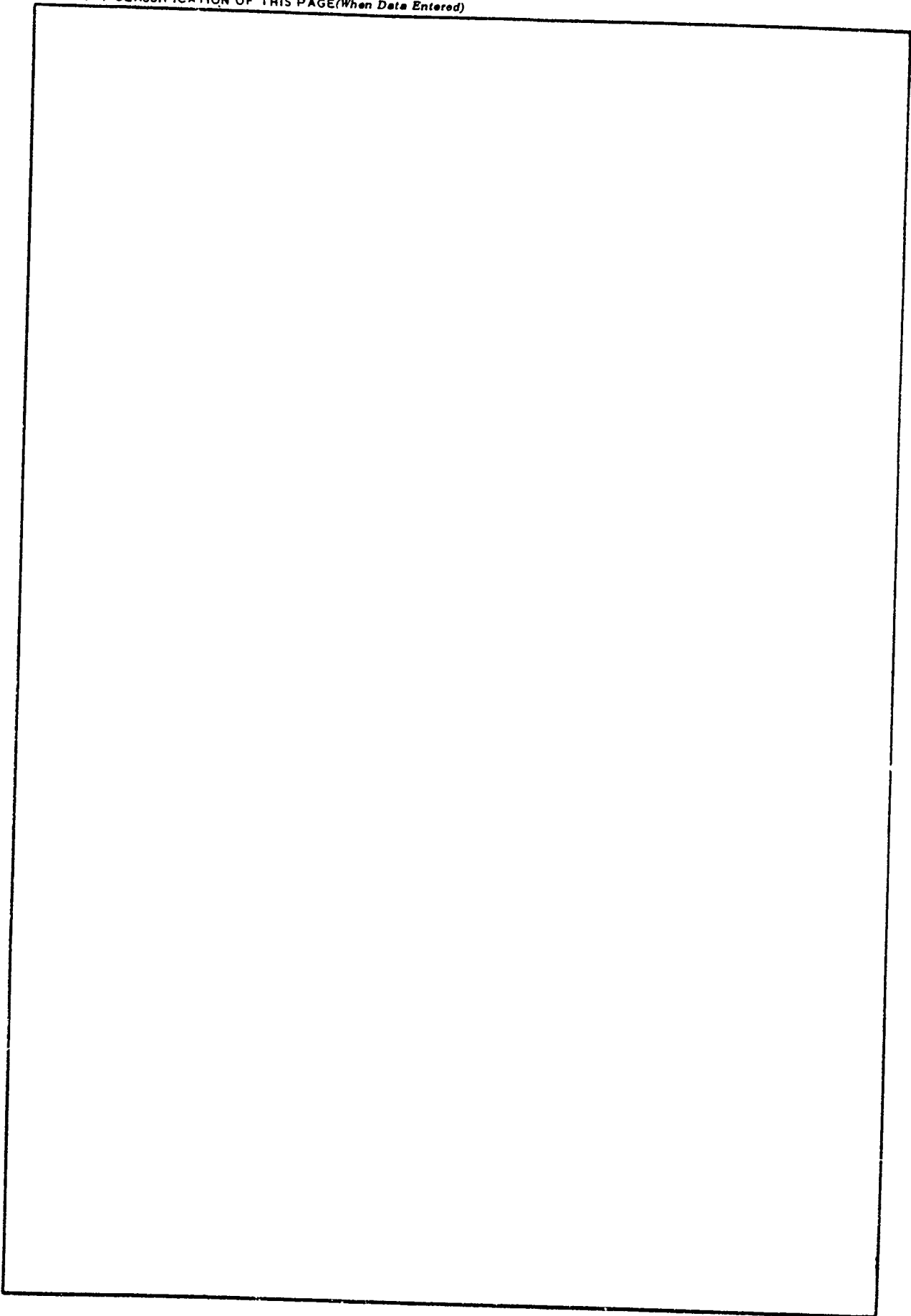
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